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UNITED STATES COURT OF APPEALS
for the THIRD CIRCUIT

MAR - 6 2023

AT 8:30
CLERK, U.S. DISTRICT COURT - DNJ M

Jason Zangara

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v.
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No.
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National Board of Medical Examiners

**AFFIDAVIT ACCOMPANYING MOTION
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS**

Affidavit in Support of Motion	Instructions
I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)	Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.
Signed: <u>Jason Zangara</u>	Date: <u>3/3/23</u>

My issues on appeal are:

District Court requiring me to file a motion to amend the complaint when the complaint was filed 6 months ago, served on Defendants and unopposed

District Court has not ruled my 2 applications under Rule 65 for urgent relief I have submitted over the past year even though fully briefed

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$ 0	\$	\$ 0	\$

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$

			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 14.00

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
PNC	Checking	\$219.19	\$
PNC	Savings	\$450.01	\$
PNC	Student Loan	\$1250.02	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	Other real estate	Motor vehicle #1
(Value) \$	(Value) \$	(Value) \$1500
		Make and year: Ford 2006

		Model: Escape
		Registration #: EM3101

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and year:		
Model:		
Registration #:		

6. *State every person, business, or organization owing you or your spouse money, and the amount owed.*

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

7. *State the persons who rely on you or your spouse for support.*

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age

8. *Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.*

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$0	\$
Are real estate taxes included? Yes No		
Is property insurance included? Yes No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$0	\$
Home maintenance (repairs and upkeep)	\$0	\$
Food	\$0	\$
Clothing	\$0	\$
Laundry and dry-cleaning	\$0	\$
Medical and dental expenses	\$Medicaid	\$
Transportation (not including motor vehicle payments)	\$0	\$
Recreation, entertainment, newspapers, magazines, etc.	\$0	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$0	\$
Life:	\$0	\$
Health:	\$0	\$
Motor vehicle:	\$0	\$
Other:	\$0	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$0	\$
Installment payments		
Motor Vehicle:	\$0	\$
Credit card (name):	\$0	\$
Department store (name):	\$0	\$
Other:	\$0	\$
Alimony, maintenance, and support paid to others	\$0	\$

Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$
Other (specify):	\$	\$
Total monthly expenses:	\$0	\$

9. *Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?*

Yes No If yes, describe on an attached sheet.

10. *Have you paid or will you be paying an attorney any money for services in connection with this case, including the completion of this form?* Yes No

If yes, how much? \$ _____

If yes, state the attorney's name, address, and telephone number:

11. *Have you paid-or will you be paying-anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?* Yes No

If yes, how much? \$ _____

If yes, state the person's name, address, and telephone number:

12. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*

I stay with my grandmother while I am studying for school and she provides 100% financial support for all of my expenses. My brother Matt pays for the phone bill. I also have 100k+ of student loans and have invested everything into medical school

13. *State the [city and state] of your legal residence.*

Manville New Jersey

Your daytime phone number: (908) 6720626

Your age: 36 Your years of schooling: 23